MAKYLAND STATE DEPAKTMENT OF HEALTH



	12977		Œ	N. PRESTON STR	DEATH		<b>630</b> 3	9	
1,	DECEASED-NAME F (Type or print)	rst	Middle	lost	20.	DATE OF DEATH Month	Day	Year	2b. HOUR
L	Norn			Barkley		Sep	<u>"1</u> '8	1968	0305AM
3.	SEX	4. RACE		S. DATE OF BI	RTH	6. AGE (In ye lost birthdo	ears IF		HOURS MHN.
L	Male	Negro		7 5	ın 33	35	YRS.	13113	MIN.
7c	. BIRTHPLACE (Stote or foreign	7b. CITIZEN OF WHAT (	OUNTRY? 8.	MARRIED 🔀 NEVER MAR	RIED 9. COL	INTY OF DEATH			
	Maryland	USA				arford			Md.
10	. CITY OR TOWN OF DEATH	11. NAME	OF HOSPITAL OR INSTITU ( address)	JTION (If not in hospital		UPATION (Kind of world		12b. KIND OF B	USINESS OR
	Aberdeen	US K	IRK ARMY F	OSPITAL		working life, even if re		moosiki	
13	o. USUAL RESIDENCE (Where demission) STATE		10		13d. INSIDE CITY LIMITS?	13e. STREET AND NUM			
_	Maryla	ina n		berdeen	AE2 X NO	403 Chest		treet	
14	. FATHER'S NAME First	Middle	Lost	IS. MOTHER'S MA			iddle	G2	Lost
	Noah	M	Barkley	112 INCODANCE	Katie	Moll		Shock	төй
Ľ	Yes, no, or unknown) Yes 196	on intermediates of condent	. SOCIAL SECURITY NO. 20-26-8176	17. INFORMANT Adjutant	Ofc, Bld	lg 310, APG	dress , Md.		
1	18. CAUSE OF DEATH (Enter	only one couse per line fo							ATE INTERVAL SET AND DEATH
	PART I. DEATH WAS CA	JSED BY: EDIATE CAUSE (o) Pu	ncture Wou	ind and Lace	eration in	n Epigastr:	ium	Unkne	
	1985X	DUE TO, OR AS A	CONSEQUENCE OF						
L	Conditions, if ony, which ga		parent Gur	shot Wound					
L	stating the underlying cau		CONSEQUENCE OF						
L	last.	(c)							
L	PART 2. OTHER SIGNIFICANT	CONDITIONS CONTRIBUTING	TO DEATH BUT NOT R	RELATED TO THE TERMINAL	DISEASE OR CONDITI	ON GIVEN IN PART I(o)			
i i	5 9199								
CATI	190. DATE OF OPERATION	9b. CONDITION FOR WHICH C	PERATION WAS PERFO			20b. IF YES, WERE FIN	DINGS CONS	SIDERED IN CEI	RTIFYING
CERTICICATION	Ol. Accidence when the	VINC. Last Time as	UPAZ	YES 🗶	NO 🗌			151	
		YING 216. TIME OF INU DEATH HOUR A.M. M		21t. HOW INJURY OCC	UKKED (Enter noture	e of injury in Port I or	Port 2, Item	n (8.)	
MEDICAL	(If either, notify medical exi	ominer) P.M.	ep 18 Year 196	Ö					
3.6	While Not while	TIE. PLACE OF INJURY (AT )				City or Town  Aberdeer	n Ha	rford	Md.
	22a. I certify that (I) saw the decease causes stated ab	(daix traspina); attend	ed the deceased	fram 18 Se	19_68	to 18 Sep	, 19_6	8_, that	(I) (XXX) last
	saw the deceased	alive an 18	Sep 19.6	8., and that in (m	y) (QOX) apinian	death accurred an	the date	and haur o	ind fram the
	22b. SIGNATURE	146' (1) (MA) (ala) (a)	Tigt) view the bac	ly utter death.		· ·	22c DAT	E SIGNED	-
1	muchael	NSI -	· W.D	DEGREE PHYS.	IG MED.	R STAFF PHYS.		Sep 68	
	22d. PHYSICIAN'S	y- venuars	107.10.	22e, ADD		- FB13. 4	120.	- 3 p	
	MARKETTE AND A	LAEL N. SCHW	ARTZ, CPT			HOSP, ABER	DEEN I	PG, MD	•
23	Bo. BURIAL, CREMATION, 2	Bb. DATE		ETERY OR CREMATORY		LOCATION (City or Tov		County)	(Stote)
	BEMOVAL (Specify)	9-23-68		n National		. Myer	Arlin	gton	Va.
2	A. EUNERAL DIRECTOR	100/	ADDRESS /		2So. REC'D BY REGI	STRAR 25b. REG	ISTRAR'S SIG	NATURE	
1	1 - 4 Livin	4 110-62	163444	Fook Mis	DATE SEP 2	3 1988 6	Clean	la Cu	170

MAKILAND STATE DEPAKTMENT OF HEALTH

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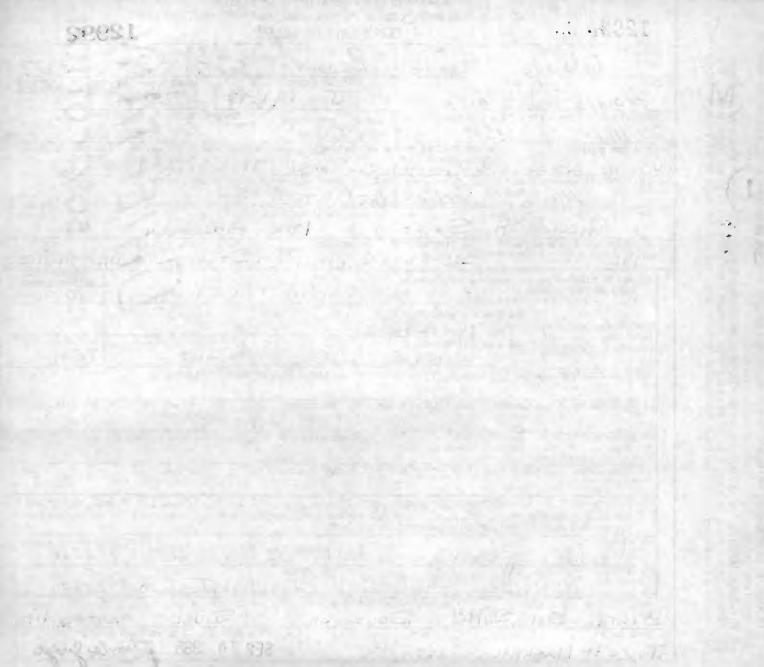
	1	MARTLAND STATE DEPARTMENT OF HEALTH
5		12978 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 2120112990
	100	CERTIFICATE OF DEATH
¥2-4	1. 0!	ECEASED-NAME First Middle Dost Lost 20. DATE OF DEATH 2b. HOUR
T and ar death	4,	Type or print) SARAH AGNES Bennett Sept. 36, 1968 930 AM
affer a few affer	3. SE	X 4. RACE 5. DATE OF BIRTH 6. AGE (In years   IFUNORR   YEAR   IF UNDER 24 HRS.
to water to a	1-7	remale WHITE Feb. 2, 1900 lost birthdoy) MONTHS OAYS HOURS MIN
and and and		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH
24 h ed in pers		Md. U.S WIDOWED DIVORCED HARFORD Md.
e death certificate be executed within 24 had attending physician and completely filled in permit. The please remove carban papers, an, ar remayal, and in any event, within 72 had	10. 0	TTY OR TOWN OF DEATH. 11. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR
within within fely fill por youthin	14	AURC do GRACE give street oddress) Memorial during most of working life, even if retired.) INDUSTRY HOUSEWIFE HOME
ed v	130.	USUAL RESIDENCE (Where dereased lived if institution, Residence before 13c CITY OR TOWN 13d INSIGE CITY LIMITS? 13a STREET AND MILMRED
cufe cufe	OUTH	ission) STATE Md 13b. COUNTY arford Fallstow YES NOT Charles Street
executed on compleing any event	14. 1	FATHER'S NAME First Middle Lost IS. MOTHER'S MAIDEN NAME First Middle Lost
in a be		Lawrence Scarborough Lucy Chamberlain
ate icion ate	160.	WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO. 17. INFORMANT Address of service) 16b. SOCIAL SECURITY NO. 17. INFORMANT Address of service)
tific hys		No 212-50-5071 Grover C. Bennett Fallston, Md.
The The		18. CAUSE OF DEATH (Enter only one couse per line for (A), ogd (c))
ath indir		PART 1. DEATH WAS CAUSED BY: While Decompensation 3 days
affe an, on		4/29 DUE TO, OR AS A CONVERVENCE OF
the the matrice		Conditions, if ony, which gove) the therosclerolic Cardiovascular > 1 year
that an. by trans crem		rise to immediate couse (a).  stating the underlying couse  DUE TO, OR AS A GONSEQUENCE OF
sicio sicio al-tra		lost. 422/ (c) Scare
TENDING PHYSICIAN: The law requires that the death certificate ined by the haspital ar attending physician. DR: After this certificate has been signed by the attending physician ould be detached for use as the burial-transit permit. Them please the State Dept. af Health prior to burial, cremation, ar remaval, and		PART 2-OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART (16)
law re nding been s the iar ta	N.	Ca. of lung + couplyseme c Holling.
lay s be as t	CERTIFICATION	190. DATE OF OPERATION () 196. CONDITION (OR WHICH OPERATION WAS PERFORMED () 200. AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
The atternation has assed as	RTIE	YES NO X
YSICIAN: aspital ar certificate hed far u		21o. ACCIDENT WAS UNDERLYING 21b. TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter noture of injury in Port I or Port 2, Hern IB.)
Pite Pite	MEDICAL	(If either notify medical examiner) PM
HYS has s ce	>=	21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County Stote While Not while
S PH) the h this detac		at work at work
by free Stat		22a. I certify that (1) (this haspital) attended the deceased from SCPT. 14., 1968, to SCPT. 36., 1968, that (1) (we) last saw the deceased alive on SCPT. 26., and that in (my) (our) opinion death occurred on the date and hour and from the
R. A		causes stated above, (i) (we) (did) (did natiview the bady after death.
Sharing State		22h SIGNATHRE 2 2c. DATE SIGNED
OR ATTENDING be retained by t DIRECTOR: After ge 3 should be d led with the Stare	_	Thomas degree ATTENDING MED. STAFF DIRECTOR DIRE
AL Day by by file	1	22d. PHYSICIAN'S 22e. ADDRESS / 22e. ADDRESS
TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within 24 haur after death. Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and completely filled in by the Topped director, page 3 should be detached for use as the burial-transit permit. Then please remaye carbon papers. Pages 1 and 2 should be filled with the State Dept. af Health priar to burial, cremation, ar remayal, and in any event, within 72 haurs after death.		NAME (Type) Edward C. Loo, M.D. Have de grace, Ind.
HOS Be dige dige	230.	BURIAL, CREMATION, 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) (County) (Stote)
5 5 5 E		Buria 9/30/1968 Bel Air Mem. Gardens Bel Air. Harford. Md.
VR A15 (A)		FUNERAL DIRECTOR ADDRESS 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE
30M REV. LASE	Ch	narles E. Kurtz Jarrettsville, Md. DATE SEP 30 1968 fclientes Judge

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E 문으로	10. 0	TY OR TOWN OF DEATH	11. NAME OF HOSPITAL OR INS give freet address) HARFORD	11 111	12a. USUAL OCC	UPATION (Kind of work di working life, even if retire	ane 12b. KIND OF BUSI	VI
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P E O	14.	FATHER'S NAME First	Middle Last	IS. MOTHER'S M	AIDEN NAME First	Middl	e l	last
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the bear signed by the off see as the buriol-fronsit per the prior to buriol, cremotion,		stating the underlying cause			C			
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o o	MEDICAL	(If either, notify medical exam	iner) P.M. 15	9	0.50			Charles
s snould be detathed with the State Dept. of	-		PLACE OF INJURY ( AT HOME, FARM, STREET, FAC	ZIR LOCATION Stre	et or R.F.D. No.	City or Town	County	Stote
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should ith the		causes stated abav	e, (I) (we) (did) (did nat) view the	bady affer death.				
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filed		22d. PHYSICIAN'S	finn	22e, ADI		K LI PHTS. LI	10 /	٥,
d be		NAME (Type)	J. Simon	1 th	me for	Grane 1		
director, page 3	230.	BURIAL, CREMATION, 23b. BEMOVAL (Specify) 23b.	DATE 23c. NAME OF ang	CEMETERY OR CREMATORY	netur Ho	weede or Town)	~ (County) And (S	State)
	24.	PUNI RAL DIRECTOR	Aporess	n hal	25a. REED BY REGI	STRAR 25b. REGISTI	PAR'S SIGNATURE	
A REV. W S	1	iemmyter 5	TSON, Huve de s	JARAJ 119	DATE OF 3	1 1300 XCC	carried funda	6

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		12930	DIVISION OF VITAL RECORDS,			0000
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haurry have		BIRTHPLACE (State or foreign	76. CITIZEN OF WHAT COUNTRY?	8. MARRIED NEVER MARRIED	9. COUNTY OF DEATH	/
n 24 hr illed in papers,		///d·	USA	WIDOWED DIVORCED	HARFOR	Md.
rithin 24 filled ban pape within 7	10.	CITY OR TOWN OF DEATH	give street address)		USUAL OCCUPATION (Kind of work dane of those of working life, even if retired.)	12b. KIND OF BUSINESS OR INDUSTRY
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cert p ph hen nav		18 CAUSE OF DEATH (Enter o	nly ane cause per lige for (a), (b), and (c)		0 0	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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phy sign buri		PART 2. OTHER SIGNIFICANT CO	ONDITIONS CONTRIBUTING TO DEATH BUT N	IOT RELATED TO THE TERMINAL DISEASE	ORCONDITION GIVEN IN PART I(a)	1
ing ing sen the r ta	18	260X				
The large attend attend has be as the prior	CERTIFICATION	19g, DATE OF OPERATION 19b	. CONDITION FOR WHICH OPERATION WAS PI		20b. IF YES, WERE FINDINGS (CAUSES OF DEATH?	CONSIDERED IN CERTIFYING
or or us		21a. ACCIDENT WAS UNDERLY		21c. HOW INJURY OCCURRED	Enter nature of injury in Part 1 or Part 2,	Item 18.)
Pital Pital And Andrews	MEDICAL	OR CONTRIBUTING CAUSE OF OF	iner) P.M.	9		
Page 4 may be retained by the haspital ar attending physician.  Constructed to the page of the haspital are attending physician.  Construction page 3 shauld be detached for use as the burial-transit permit. Then please remove carban pages should be filed with the State Dept. of Health prior to burial, cremation, or remayal, and in any event, within	×	21d. INJURY OCCURRED While Nat while at work at wark	PLACE OF INJURY ( AT HOME, FARM, STREET, FA OFFICE BUILDING, ETC.	(CTORY.) 21f. LOCATION Street or R.F.D.	), No.	County State
UDING d by t After d be d	L	22a. I certify that (1) (t	his haspital) attended the deceas	ed from fund ,	1965, to 9-25, 19	68, that (1) (we) last
TEND ined ould the	ı	saw the deceased causes stated above	alive an re, (I) (we) (did) (did nat) view the	bady after death.	apinian death accurred an the d	ate and havr and tram the
Mith With	П	22b. SIGNATURE	(2) 00	ATTENDING	MED STAFE -1	DATE SIGNED
De Se	1	Muller	1 tully	DEGREE PHYS.	DIRECTOR PHYS.	9/25/18
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HOS FUNI Gullo	230	. BURIAL, CREMATION, 23b.		CEMETERY OR CREMATORY	23d. LOCATION (City or Town)	(County) (State)
5 5 5 6 2 5 5 5 5 5 5 5 5 5 5 5 5 5 5 5		BWONT (26 StitA) 2	EPT, 28, 1968 S	DOUTHERN	DUBLIN! H	ARFORD, MD.
VR A15 (4)	24.	FUNERAL DIRECTOR	ADDRES:		CD BY REGISTRAR 2Sb. REGISTRAR'S	SIGNATURE
30M REV. 1/68	Li	JOHN H. HA	RKINS, DELTA	TA DATE S	SEP 3 0 1968 gclu	me judge



	1	MARILAND STATE DEFARIMENT OF BEALTH
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12993
		CERTIFICATE OF DEATH
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S ( 5/4) S.	<u> </u>	Female White Jan. 4, 1898 (O YRS.)
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	Ta	rrettsville   give street oddress)   Buckthorn Drive   during most of working life, even if retired. Transportat-
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and and in on	14, 1	ATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Lost
Se d		Charles Daniel Vassar Queen Malone
te deoth certificote by attending physicion opermit. Then please ton, or removol, ond it		WAS DECEASED EVER IN U.S. ARMED FORCES?  16b SOCIAL SECURITY NO 17 INFORMANT RD #JAddressBox 795
o bys	,	es, qq. or unknown) (If yes give wor er dotes of service) 232-18-7011 Roberta J. Jackson Jarrettsville. Nd.
no he		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c))  21084  APPROXIMATE INTERVAL  BETWEEN CHART AND GEATH
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ATENDING PHYSICIAN: The law requires that the death certificate be stained by the hospital or ottending physician. CTOR: After this certificate has been signed by the attending physicion are shauld be detached for use as the burial-transit permit. Then please retith the State Dept. of Health prior to burial, cremation, or removal, and in	_	(R) hemiplegia as sequella of Merriou (U.A.
law rending been s the ior to		190 DATE OF OPERATION 190 CONSTITUTION FOR WHICH OPERATION WAS PERFORMED 200. AUTOPSY? 200 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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JAN al a for for He		OR CONTRIBUTING CAUSE OF OFATH HOUR A.M Month Doy Year
Set in particular of	MEDICAL	
HY bo bo ch ch	~	21d. INJURY OCCURRED While Not while 21e. PLACE OF INJURY (AT HOME FARM, STREET, FACTORY.) While Not while County Stote
G PHYSIC the hospit this certi defoched	Ш	of work of work
to to to		22o. I certify that (I) (this describe) attended the deceased from , 19 5 1, to 5, 19 5 2, that (I) (1) lost sow the deceased alive on 19 5 2, and that in (my) (1) opinion death occurred on the date and hour and from the
ND Selection of the Sel		sow the deceased alive on Security and some some some that in (my) (see ) opinion death accurred on the date and hour and from the
So Single		couses stated above, (I) ( (did) (did not) view the body after death.
SECT With With With With With With With With	l	226. SIGNATURE ATTENDING MED. STAFF COLOR STAFF SIGNED STAFF SECTION STAFF SIGNED SECTION STAFF SIGNED SECTION STAFF SIGNED SECTION SE
OR be r		
Poc e fil	ш	22d PHYSICIAN'S TRIMES F 18HITE JR WID 22e. ADDRESS To non Its will a shortend, and 2128d.
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Page 4 may be retained by the haspital or ottending physician.  To FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and calculater, page 3 shauld be detached for use as the burial-transit permit. Then please remo should be filed with the State Dept. of Health prior to burial, cremation, or removal, and in any	230.	BURIAL, CREMATION, 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote)
0 0 0 4 K		Burlal 9/11/1968 Macpelah Weston, Lewis, W. Va.
•	24.	DINFRAL DIRECTOR ADDRESS 250, REC'D BY REGISTRAR 256 REGISTRAR 5 SIGNATURE
VR A15 (4) 30M REV, 1/68	CP	parles E. Kurtz Jarrettsville, Md. SEP 10 1968 Clientes Judge.
		21084



MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 12982 CERTIFICATE OF DEATH DECEASED-NAME Last First Alhhi M 2g. DATE OF DEATH after death (Type or print) Cheadle Edward C. Sept. 3. SEX 4. RACE S DATE OF BIRTH 6 AGE (In years SE UNDER 1 YEAR IE UNDER 24 HRS last birthday) MONTHS ! HOURS Mala White 1h February 1885 signed by the attending physician and Campletely filled in by t burial-transit permit. Then please remave carban papers. Pal burial, cremation, or remaval, and in any event, within 72 haurs ed within 24 hours 7a. BIRTHPLACE (State or fareign 7b. CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED country) fampletely filled in Maryland Harford WIDOWED TOTAL DIVORCED [ U-S-A. 12a USUAL OCCUPATION (Kind of work done 10 CITY OR TOWN OF DEATH 13 NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12b KIND OF BUSINESS OR give street address 230 during most of working fe, even f retired)
Taxi Operator Aberdeen Taxi Baltemore St. 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c CITY OR TOWN 13e. STREET AND NUMBER 13d, INSIDE CITY LIMITS? 13b. COUNTY YES TV NO [ 230 Baltimore Street Aberdeen 14. FATHER S NAME 15 MOTHER'S MAIDEN NAME First Middle Middle Last Gorrell (D) Walter Cheadle Evelvn 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? 16b. SOCIAL SECURITY NO 17 INFORMANT Address The law requires that the death certificat Yes, na, ar unknown) 218-12-067 Rebecca C. Turner. Aberdeen. Md. APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH IB CAUSE OF DEATH (Enter only one cause per line for (a) (b) and (c) PART I. DEATH WAS CAUSED BY. TOMBOS IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEDUENCE OF Canditions, if any, which gave: rise ta immediate cause (a). DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the haspital ar attending physician. stating the underlying cause PART 2, OTHER SIGNIFICANT CONDITIONS/CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1/61 TO FUNERAL DIRECTOR: After this certificate has been director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to 19g, DATE OF OPERATION 19b. COUDITION FOR WHICH OPERATION WAS PERFORMED 20a AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? YES [ KKON 21b. TIME OF INJURY 21g. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) HOUR A.M. OR CONTRIBUTING CAUSE OF DEATH Month Day Year If either, natify medical examiner) PM 21d. INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. City or Town County State While Not while causes Pated above, (IV (we) (did) (did not) view the body after death **ATTENDING** DEGREE DIRECTOR PHYS 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) M.D. 8 Law St. Peter P. Rodman. Aberdeen. IId. 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) 23a BURIAL CREMATION 23b. DATE (County) (State) REMOVAL (Specify)
Burial (Cecil) Md. Ebenezer Cemetery Rising Sun. 28 Sept 68 2Sc REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24. FUNERAL DIRECTOR VR A15 DATE OCT 196B Tarring Funeral Home, Aberdeen, Md. 21001



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21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.)  21f. LOCATION Street or R.F.D. No. City or fown  County State  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  22d. I certify that (I) (this haspital) attended the deceased fram  2	SICIAN Spital o	af He	ਤ	or contributing cause of DEATH	HOUR A.M. P.M.	Manth Day Year 1	9		<u> </u>				
220. I certify that (I) (this haspital) attended the deceased fram 10, 1968, to 1960, to 1960, and that in (my) (aur) apinian death occorred an the date and haur and fram to causes stated abave, (I) (we) (did) (did not) view the bady after death.  220. SIGNATURE  220. SIGNATURE  220. SIGNATURE  220. DATE SIGNED  220.	he has	e Dept.	M	While Not while at work				_				,	
TO STAFF DIRECTOR DIR	ed by 1	he Stat		22a. I certify that (I) (this saw the deceased all	haspital) at ve an(h) (wa) (did	tended the deceas	ed fram	d that in (m	y) (aur) apinia	_, ta n death o	ctorred an the do	68, that ite and haur a	(I) (we) last and from the
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DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH DECEASED NAME Middle Lost 2g. DATE OF DEATH First death. death (Type or print) O S. DATE OF BIRTH IF LINOER LYEAR 3. SEX 4. RACE last himmay) DAYS HOURS MONTHS YRS 7o. BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED 9. COUNTY OF DEATH NEVER MARRIED country) DIVORCED [ WIDOWED director, page 3 shauld be detached far use as the burial-transit permit. Then please remave carbantage shauld be filed with the State Dept. af Health prior ta burial, crematian, or removal, and in any event, within 12g USUAL OCCUPATION (Mond of work done 106 KIND OF BUSINESS OR 10. CITY OR TOWN OF DEATH NAME OF HOSPITAL OR INSTITUTION (If not up hospital duying most of working life, even if retired.) camplete 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 136. COUNTY admission) STATE SONOWINGA 15. MOTHER'S MAIDEN NAME First Middle 14. FATHER'S NAME Last requires that the death certificate be 16a, WAS DECEASED EVER IN U.S. ARMED FORCES? 17 INFORMANT (if yes give war or dates of service) attending p permit. The 18. CAUSE OF DEATH (Enter only one cause per line for (g) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Candilians, if any, which gave) rise to immediate couse (a). signed by DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(g) TO FUNERAL DIRECTOR: After this cert ficate has been 20a AUTOPSY? 20b IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION CAUSES OF DEATH? 21o. ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Part 2, Item 18.) 216 TIME OF INJURY TENDING PHYSICIAN be retained by the hospital OR CONTRIBUTING CAUSE OF DEATH HOUR A.M Month-Day PM (If either, nat ly medical examiner) (AT HOME FARM, STREET FACTORY) 21f. LOCATION Street of R F D. No. 21d INJURY OCCURRED 21e PLACE OF INJURY City or Town County State While Nat while 22a I certify that (I) (this haspital) attended the deceased from saw the deceased alive an. 22b. SIGNATURE 22t. DATE SIGNED ATTENDING STAFF PHYS. TO HOSPITAL OR DIRECTOR PHYS 22e. ADDRESS 22d PHYSIC AN S NAME (Type) 23a BURIAL CREMATION 23d LOCATION (City or Town (County) REMOVAL (Specify)

MAKTLAND STATE DEPAKTMENT OF HEALTH



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T FOR CTATE		12986 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	12000
/ FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH	12330
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MARYLAND STATE DEPARTMENT OF HEALTH 12988 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 . 13000MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1 DECEASED NAME Ferst 2d DATE KNOWNET Month (Type or Print) EST -DEATH MATED 4 RACE IF JNDER 1 YEAR IF UNDER 24 NRS 3 SEX 5 DATE OF BIRTH 2c DATE PRONOUNCED DEAD DAYS 10st birthday) 56 vi MONTHS Feb.22,1912 YRS 7a. BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? MARRIED NEVER MARRIED 9 COUNTY OF DEATH (QUATRY) Va. U.S.A. WIDOWED T DIVORCED [ Harford 10. CITY OR TOWN OF DEATH 1]. NAME OF HOSPITAL OR INSTITUTION (If not in hospital 120. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OF give street address) during most of working life, even if retired ) INDUSTRY Aberdeen aborer stone 13d INSIDE CITY LUMITS? death. 13a JSUAL RESIDENCE (Where deceased lived, if institution. Residence before 13c CITY OR TOWN 13e STREET AND NUMBER 136 COUNTY -YES TO NO ofter 14 FATHER'S NAME Middle Lost IS MOTHER'S MAIDEN NAME Ollie Gill Halev hours Adkins 160 WAS DECEASED EVER IN U.S. ARMED FORCES? 166, SOCIAL SECURITY NO. pencil 17 INFORMANT ADDRESS This certificate should be executed within (Yes, ng, prunknown) (If was give war or dates of service) Mrs. Nellie Elk Mills 18. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c).) permit. BETWEEN ONSET AND DEATH PART I DEATH WAS CAUSED BY. pending IMMEDIATE CAUSE (a) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gove use to immediate cause (a). writing the word DUE TO, OR AS A CONSEQUENCE OF stating the underlying cause .⊑ PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(d) 8 removol used 190, DATE OF OPERATION 19b CONDITION FOR WHICH OPERATION 20 AUTOPSY? WAS PERFORMED? YES 🗔 NO C 210, EXTERNAL CAUSE WAS 216. TIME OF INJURY Month Day, Year , 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Part 2, Item 18) 3 should PRIMARY OR CONTRIBUTING HOUR A.M. cremotion, CAUSE OF DEATH 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, form, street, 2 I TOCATION Street or R F D City or Town County State foctory, office building, etc.) pleose execute 22a I certify that I took charge of the remains described above, held on Autopsy inspection 🔼 death resulted from. Natural causes Accident < Suicide [ Homicide Undetermined monner CHIEF MEDICAL EXAMINER FUNERAL ASSISTANT MEDICAL EXAMINER DEPUTY MEDICAL EXAMINER 5 may 70 FUNE Health NAME (Type) ADDRESS(Street, city, town, ar county) the 23a. BURIAL, CREMATION 23c. NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (State) Elkton Cemetery Elkton. 24. FUNERAL DIRECTOR 2Sa. REC D BY REG STRAR VR A15ME [5] Elkton. Funerals. 10M REV 1/68 OT

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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY CERTIFICATE OF DEATH 1. PLACE OF DEATH USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) a. COUNTY HARFORM b. COUNTY MARYLAND c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) b. CITY OR TOWN (if outside corporate ilmits, write RURAL and give nearest town) c. LENGTH OF STAY IN 1b JOPPA TOPPA d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? ROSEMONT YES NO etely NAME OF DECEASED OF DEATH September 25 19 68 event, (Type or print) 10 AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS | last birthday) | Months | Days | Hours | Min. 6. COLOR OR RACE 5. SEX DATE OF BIRTH 7. MARRIEO NEVER MARRIED WIDOWED DIVORGED . 12. CITIZEN OF WHAT 10a, USUAL OCCUPATION (Give kind of work done) 10b, KIND OF BUSINESS OR 11. BIRTHPLACE (County & State, or foreign country) during most of working life, even if retired) DRIVER 11.517 TRUCKING MOTHER'S MAJOEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. | 17. INFORMANT Address transit permit, cremation, or r ESSEX FLMER CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN certificate has been signed by the hed for use as the burial-transit t. of Health prior to burial, crema ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
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TO FUNERAL OIRECTOR: A 1968 to Sept 25 1968 that (1) (me) last 21. I certify that (I) (this hospital) attended the deceased from. pt 25 1968, and that death occurred at 1354M, from the causes and on the date stated above. saw the deceased alive on DATE SIGNED 228. SIGNATURE 22b. director, page 3 should be filed v ATTENDING PHYS. M.D. DIRECTOR PHYS PHYSICIAN'S ADDRESS NAME (Type) 381 NAME OF CEMETERY OR CREMATORY LOCATION (city, (State) BURIAL, CREMATION, OATE THEREOF REMOVAL (Specify) TENN BRISTOL KE MOVA C 24. FUNERAL DIRECTOR REGISTRAR'S SIGNATURE 25b. REC'D BY REGISTRAR VR A15 (4) REINS -STURDIVAN INDEPENDENCE 15M 4-64

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R: A the	L	couses stated above, (1) (we) (did) (did not) view the body after death	ur and from the
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<i>b</i> /	1	MARTLAND STATE DEPARTMENT OF REALTH
1/		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13003
7		12991 CERTIFICATE OF DEATH
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in by ers. P		BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED VIOLED WIDOWED OF DIVORCED Md.
uithin 24 h	10.	11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  12 USUAL OCCUPATION (Kind of work dane live street address)
ed with leter	13á.	USUAL RESIDENCE (Where deceased lived, if institution, Residence before 13¢ CITY OR TOWN , 13a INSTITUTION 13e, STREET AND NUMBER /)
e executed and complete remove for any event,	_	issian) STATE ma 13b COUNTY Hartard Waslington YES NO 1 Dox 63 A
and and in an	14.	TATHERS NAME First Middle Last Is MOTHER'S MAIDEN NAME First, Middle Brown
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be executed within Page 4 may be retained by the haspital ar attending physician.  FUNERAL DIRECTOR: After this certificate has been signed by the attending physician and campletery director, page 3 should be detached far use as the burial-transit permit. Then please remove carban shaund be filed with the State Dept. at Health priar ta burial, crematian, ar remayal, and in any event, with		WAS DECEASED EVER IN U.S. ARMED FORCES? 166 SOCIAL SECURITY NO 17. INFORMANT Address Pt-#1 Box 63-A es, no or unknown) 1 tyes give war or dates of service) 215-26-4510 Mw. Raymond E. Harris Warlington, Ind.
ne death certifii attending phy permit, Then p ian, ar remaval		IB. CAUSE OF DEATH (Enter only one cause per line far (a), (b), and (c) )  APPROXIMATE INTERVAL  BETWEEN ONSET AND DEATH
te death attendi permit. ian, ar r	ı	PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (a)
the all		Conditions, if any, which gave)  DUE TO, OR AS A CONSEQUENCE OF S C V D
equires that the physician. signed by the burial-transit purial, cremati	١	rise to immediate couse (o), stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF
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v requing by signification of the property of	, s	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)  4.7.2.
: The law ratending ar attending e has been use as the bith priar ta	CERTIFICATION	19d. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20o AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH?
T. T. a ra de	EE	21a ACCIDENT WAS UNDERLYING 21b TIME OF INJURY 21c HOW INJURY OCCURRED (Enter nature of injury in Part 2 Item 1B)
YSICIAN: aspital ar certificate hed far us	MEDICAL	Tor contributing Cause of Death HOUR A.M. Month Day Year (If either, notify medical examiner) P.M. 19
OR ATTENDING PHYSICIAN: The law requires the be retained by the haspital ar attending physician. DIRECTOR: After this certificate has been signed by Ip 3 should be detached far use as the burial-traned with the State Dept. af Health priar ta burial, crea	*	21d NJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM STREET FACTORY.) 21f LOCATION Street or R.F.D. No. (ity or Yourn County State of work at work
DING I by the After I be d		220. I certify that (I) (this haspital) attended the deceased from 4-6, 1965, to 7-1, 1907, that (I) (we) lost
TIEN Dined OR: h the		causes stoted above, (I) (we) (did) (did nat) view the bady/after death.
OR AT OR Esta DIRECTO	П	226 SIGNATURE DEGREE ATTENDING DIRECTOR DIRECTOR PHYS DIRECTOR PHYS DIRECTOR PHYS DIRECTOR DI
HOSPITAL OR ATTEN ge 4 may be retained FUNERAL DIRECTOR: rector, page 3 should haved be filed with the		22d. PHYSICIANS AAME (Type) JOHN D. YUN 22e. ADDRESS TAURE DE GRACE MI
O HOSPITAL Page 4 may O FUNERAL I director, pag shauid be fill	230	BUR AL, CREMATION, 236 DATE 23c. NAME OF CEMETERY OR CREMATORY 23d, LOCATION (City or Town) (County) (Stole), REMOVAL (Specify), 9-14-68 Strictory Cemetery Queen anne County Md.
====	24	FUNERAL DIRECTOR ADDRESS 55 To and the 250 RECU BY REGISTRAR 250 REGISTRARS SIGNATURE
VR A15 [4] 30M REV. 1768	1	Itelia & Bullock, Harre de Brace mo GEP 1 3 1968 Charles Judge



28	12992 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	MEDICAL EXAMINER 3 CERTIFICATE OF DEATH	3004
HEALTH DEPT.	1 DECEASED NAME First Month Doy	Yeor 2b HOUR
× 948 / 5	(Type or Print) Helen Meterbert DEATH MATED 9-3	19 10 M
5 4 E	3 SEX 4. RACE / S. DATE OF BIRTH 6. AGE (In years I IF UNIOER I YEAR IF UNDER 24 HRS 2C. DATE PRONOUNCED DEAD	2d HOUR
e se	1- W 6/214/87 Set bythday) MONTHS DAYS HOURS MIN. Month 9 Doy YE	eor S M
2, 2, P	70. BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED OF 9 COUNTY OF DEATH	
s i.	(Ountry) Balto., Md. U.S.A. WIDOWED DIVORCED Harford	₩d
age age ib fe	10. CITY OR TOWN OF DEATH II NAME OF HOSPITAL OR INSTITUT ON (In hospital 12a, USUAL OCCUPATION (Kind of work done 12b, K	IND OF BUSINESS OR
Give Pages ong with fa ith the State	KING V. 1 2 give street oddress) Little during most of working life, even if retired.) INDUST Sales Lady	RY child Kohn
fter Giv ong th t	130. USUAP RESIDENCE (Where deceosed l'yed, if institution. Residence before 13c CITY OR TOWN 13d. INSIDE CITY LANDS? 13e STREET AND NUMBER	PM
s at 18.	odmission) STATE My 136 COUNTY - Balto. YES Q NO 2834 Kastufut.	merce 13
within 24 haurs after death any delay a pencil in Item 18. Give Pages 1, 2, and 2. Examiner's Office along with farm PM3 en File plages 1 and 2 with the State Department 72 hours after death.	14 FATHER'S NAME First Middle Lost 15, MOTHER'S MAIDEN NAME First Middle	Lost
4 the solution of the solution	George M. Herbert Rhoda A. ?	
hin 24 ncil in niner's plages hours	160 WAS DECEASED EVER IN U.S. ARMED FORCES? 160. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS	
within Examine File adg	(Yes, no, or unknown) (tf yes give war or dates of service) 215-03-9148 Doris Willard, Neice, 2602 whitt Re	02d 21087
- 4 m - 1 m	18 CAUSE OF DEATH (Enter only one couse nes line for (a) (b) and (c)	APPROX-MATE INTERVAL ETWEEN ONSET AND DEATH
and the second	PART I DEATH WAS CAUSED BY IMMEDIATE CAUSE (0) COTON 3 VY OCCIUSIOI	CINCLY ORSEL BUD DEATH
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ord ord ord ory	rise to immediate cause (a), (b) DUE TO, OR AS A CONSEQUENCE OF	
shauld be executed ne ward "pending" in the Chief Medial Ebunal-transit permit. It in any event within	last.	
INER: This certificate shauld be executed within a certificate, writing the ward "pending" in pencil shauld be farwarded to the Chief Medyal Examine files.  3 shauld be used as a bunal-transit permit. File Aggardian, ar remaval, and in any event within 72 hou	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(0)	
find find rder as		
erti wrij rwa sed sed	190. DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION	O. AUTOPSY?
This certificate, writing be farward a de used a ar remaval,	WAS PERFORMED?	YES 🔲 NO 🔼
# = 20	19o. DATE OF OPERATION  19o. DATE OF OPERATION  19o. DATE OF OPERATION  WAS PERFORMED?  21o. EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A.M. P.M.  19  21c. HOW INJURY OCCURRED (Enter noture of injury in Port 1 or Port 2, Item 18) P.M.  19  21d. INJURY OCCURRED 121e PLACE OF INJURY Month, Doy, Year P.M.  19  21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street)  21d. INJURY OCCURRED 121e PLACE OF INJURY (At home form street)	
ER: cert auld es. bay ian,	PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M. 19	
KAMINER: te the certified to the shauld your files. age 3 shauld cremation,		nfy Stote
bical Examiner: se execute the certi sctor. Page 4 shaulo ned for your files. ECTOR: Page 3 shau a burial, cremation.	WHILE NOT WHILE TOCTORY, OTTICE building, etc.)	
Pay Pay Incl.	22a   certify that I took charge of the remains described above, held an Autopsy   Inspection   Inquiry	and in my opinian
y, please exect rid director. Pa se retained far tal DIRECTOR: I prior ta buriol,	death resulted fram. Natural causes , Accident , Suicide , Homicide , Undetermined manner	
please e I director retained DIRECT for to bu	CHIEF MEDICAL EXAMINER	
AL AL	SIGNATURE TIME 226 DATE SIGNED M.D. ASSISTANT MEDICAL EXAMINER 226 DATE SIGNED	10-
ssary, p funeral ay be re NERAL th prio	EXAMINER'S GCTV & Police CV 1)  DEPUTY MEDICAL EXAMINER  ADDRESS (Street, Gily, town, or county) ROLAT	-60
necessory, please executive function. Page 5 may be retained far y to FUNERAL DIRECTOR: P. Health prior to burial,		s No.
01 ± ∞ 0 ± ′	230 BURIAL, CREMATION, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Count REMOVAL (Specify)	y) (State)
0)	Removal f 9/6/68 New Cathedral Cemetery Balto., Md.	
VR ATSME IST.	24. FUNERAL DIRECTOR Schimunek Funeral Home 250. REC'D BY REGISTRAR 250. REGISTRAR 350. REC'D BY	IRE Cardan
10M REV 1/68	3331 Brehms Lane 21213 DATSEP 5 1968 Cliones	0

MARYLAND STATE DEPARTMENT OF HEALTH



4 1	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201		
FOR STATE	Ιt	em#2a Film#G404 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 130	05	
HEALTH DEPT.		DECEASED NAME First Middle Last 2a DATE KNOWN Month Do OF ESTI-		
and 3 to 3 t	3 9	SEX 4. RACE S DATE OF BIRTH 6 AGE (in years IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month	2d HOUR	
P. C. or		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH	19 · · · M	
death Page with fart		CITY OR TOWN OF DEATH  11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital living metal or work done 12b)  120. USUAL OCCUPATION (Kind of work done 12b)  120. USUAL OCCUPATION (Kind of work done 12b)	Mo b Kind of Business or Dustry	
haurs after death tem 18 Give Pag Office alang with, and 2 with the Sta			none	
1 haurs 1 tem 2 Office 1 and 2 after d	14	FATHER'S NAME First Middle Lost 15. MOTHER'S MAIDEN NAME First Middle Edward Joshua Fooker Lulie Leanora	lost Grafton	
encil in aminer's pages le pages 1		WAS DECEASED EVER IN U.S. ARMED FORCES?  (It yes give war or dates of service)  (It yes give war or dates of service)  ADDRESS		
necessary, please execute the certificate, writing the ward "pending" in pencil in Item 18 Give Page the funeral director. Page 4 shauld be farwarded to the Chief Medical Examiner's Office along with 5 may be retained for your files.  TO FUNERAL DIRECTOR: Page 3 shauld be used as a burial-transit permit. File pages land 2 with the Statement to burial, crematian, ar remayal, and in any event within 72 haurs after death.		18. CAUSE OF DEATH (Enter on y one cause per line for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY:  IMMIDIATE CAUSE (a) A S C T D  DUE TO, OR AS A CONSEQUENCE OF  Conditions, if any, which gave rise to immediate cause (a), stoting the underlying cause  DUE TO, OR AS A CONSEQUENCE OF	APPROXIMATE OFFEVAL BETWEEN ONSET AND DEATH	
	MEDICAL CERTIFICATION	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART I(a)  190. DATE OF OPERATION  195. CONDITION FOR WHICH OPERATION  WAS PERFORMED?	20 AUTOPSY?	
		210 EXTERNAL CAUSE WAS 21b. TIME OF INJURY Manth, Doy, Year PRIMARY OR CONTRIBUTING HOUR A.M. CAUSE OF DEATH P.M 19	YES NO []	
		21d. INJURY OCCURRED  WHILE AT WORK AT	Caunty Stote	
		22a. I certify that I took charge of the remains described above, held an Autapsy , Inspection , Inquiry , death resulted fram: Natural causes , Accident , Suicide , Hamicide , Undetermined manner .  ACTUAL Landic Colonia	NED	
01 = + 201 H	230	BUR AL CREMATON, REMOVAL (Specify) 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (Col	ounty) (State)	
VR A15ME (1)		FUNERAL DIRECTOR  ADDRESS  OWARD No. Vacanas & Son, Abin wan, 1852.  DAT SEP 1 3 1968  FUNERAL DIRECTOR  DAT SEP 1 3 1968		



	1	MARYLAND STATE DEPARTMENT OF HEALTH	
St. Control of the co		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	1000
And Taleston States		1299% CERTIFICATE OF DEATH 13	3006
death neral and 2 death.		DECEASED NAME (Type or print)  A First  A Middle  R. R. New Last  Month  Doy  The Name of Death  Doy  The Name of	Yeor JOPM
	3 SI	SEX Male 4. RACE Negro S. DATE OF BIRTH 2-1897 6. AGE (in years lif under MONTHS)	
in hours		BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED 7. COUNTY OF DEATH	d. Md.
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executed with	13o adm	USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN ) 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER MISSION) STATE 13b. COUNTY TOKER A DAR 1 7 9 6 W NO []	0 0000
and ca	14.	FATHER'S NAME PERST Middle Kost IS MOTHER'S MAIDEN NAME FIRST Middle	HUDKINS
ificate l ysician please al, and		O WAS DECEASED EVER IN U.S. ARMED FORCES? 217-36-4810 Mrs. Estella Green Battemore	interlant St.
ATENDING PHYSICIAN: The law requires that the death certificate be executed within 24 had after the stained by the haspital ar attending physician.  CTOR: After this certificate has been signed by the attending physician and campletely miled in the should be detached for use as the burial-transit permit. Then please remave carban papers. Pages I should be detached for use as the burial, cremation, ar remaval, and in any event, within 72 haurs after with the State Dept. at Health priar to burial, cremation, ar remaval, and in any event, within 72 haurs after		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c)) PART I DEATH WAS CAUSED BY:	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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tal ar of first of far us far us feeliff	MEDICAL CERT		)
physic the hasp this cert detached	MED	21d. INJURY OCCURRED  21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY, )  21f. LOCATION Street or R.F.D. No.  Count of work of work of work	ty State
NDING d by the After i After d be dd e State		22a. 1 certify that (1) (this haspital) attended the deceased fram 9-21, 1967, ta 9-28, 1967 saw the deceased glive on 9-27, 1968, and that in (my) (our) opinion death occurred an the date and	, that (!) (we) lost hour and fram the
R ATTE retaine recror 3 shaul with th		couses stoted above, (I) (we) (did) (did/not) view the bady ofter deoth.  22b. SIGNATURE  ATTENDING MED. STAFF DIRECTOR PHYS.	GNED
O HOSPITAL OR ATTENDING PHYSICIAN: The law requires that Page 4 may be retained by the haspital ar attending physician. O FUNERAL DIRECTOR: After this certificate has been signed by director, page 3 shauld be detached far use as the burial-transtand be filed with the State Dept. of Health priar to burial, creating the contraction of t		22d. PHYSICIAN S NAME (Type)  DEGREE PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS.	
O HOSPITAL Page 4 may O FUNERAL director, page	23a	C RUR AL CREMATION 236 DATE 23c, NAME OF CEMETERY OR CREMATORY 23d, OCATION (City, or Town) (Coup	pty) (State)
2-2	28	REMOVA Specific 10-4-68 Berkley Cemetery Darlington Ha I. Flineral Director Address 536 demo \$250 REGISTRAR 286. REGISTRAR'S SIGNATU	yerd, Ina.
VR (4) 30M REV, 1/68	1	Other Bullet Hand to Boy Sul Story DCT 4 1968 Clientes	Judge



1	ľŧ	em 18 Film 404 9-25-68 amartland State Department OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
		12995 CERTIFICATE OF DEATH	13007
er death funeral 1 and 2 er deoth.	1. D	DECEASED NAME First Middle Last 2a. DATE OF DEATH (Type or print) Helen VIRGINIA Kyle 50PT. 18	Year 8 55 A M
ours after death  ye funeral  yeges 1 and 2  rours after death	3. S	SEX 4. RACE 5 DATE OF BIRTH 6 AGE (in years II	F UNDER 1 YEAR IF UNDER 24 HRS. DWPHS DAYS HOURS MIN
U1 ····	70 cau	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED HAR FOR &	Md
within 2 ely felec bon pop within	10. i	CETY OR TOWN OF DEATH.  11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)  AURE CE ORACE  120 USJAL OCCUPATION (Kind of work dane give street oddress)  HARE FOR 21 Memorial Hospital  HARE OF HOSPITAL OR INSTITUTION (If not in hospital during most of working life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
be exercited within conference or completely fill in any event, within	13o. adm	O. USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. City OR TOWN 13d. INSIDE CITY LIMITS? 13e STREET AND NUMBER (Chaelostaux) STATE 13b. COUNTY Chaelostaux YES NOS	
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physician physician please oval, and it		WAS DECEASED EVER IN U.S. ARMED FORCES? Yes, no for unknown) ("Yes give war or dates of service) 216-20-9520 WMM / YLE Charles to service)	, Ind. R.F.D.
D HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the death certificate be exercited within 24.  Page 4 may be retained by the hospital or ottending physician.  INDIRERAL BIRICTOR: After this certificate has been signed by the attending physician and completely filed director, page 3 should be detached for use as the buriol-transit permit. Then please remove corbon pages should be filed with the State Dept. of Health mriar to buriol, cremotion, or removal, and in any event, within 72.		18. CAUSE OF DEATH (Enter only one couse per line, for (a), (b), and (c))  PART I. DEATH WAS CAUSED BY  IMMEDIATE CAUSE (a)  CALL  White Pulmonary 2-line  IMMEDIATE CAUSE (b)	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH  BLOWERS
of the of the of the of the of motion		Conditions, if any, which gave itse to immediate cause (a).  (b)  Conditions, if any, which gave the consequence of the conditions of the	years
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ICIAN: pitol or rificate d for u	MEDICAL CE	OR CONTRIBUT NG CAUSE OF DEATH (If either, notify medical examiner)  HOUR A.M. Manth Day Year 19	n 1B.)
G PHYSIC the hospit this certi detach≡d te Dept. of	W	While Not while of work of work	County State
O HOSPITAL OR ATTENDING PHYSICIAN: "Poge 4 may be retained by the hospital or a month of a more than this certificate director, page 3 should be filed with the State Dept. of Healt		22a. I certify that (1) (this haspital) attended the deceased from 5 CPT 17 , 19 63 , to 5 CPT 18 , 19 6 saw the deceased give an 5 CPT 18 , and that in (my) (aur) apinion death accurred an the date causes stated above, (1) (we) (did) (did nat) view the body after death.	s , that (!) (we) last and have and from the
OR AI be retail IRICIC		Character Ms Degree Phys Director Director Phys. D	TE SIGNEDY
O HOSPITAL Poge 4 moy O HUMERAL director, pag		22d. PHYSICIAN'S NAME (TYPE) - VEN GRIGOLBIT 220. APORESS NAME (TYPE) - VEN GRIGOLBIT 220.	/
To HO Poge	23a	RUTIFAL 19-21-1968 Harmony Chopel Port Deposit	(Caunty) (State)
VR A 5 (8)	74	Eman EMcMollen Discharge Md. Date SFP 20 1968 KCling	



MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARY 12996 CERTIFICATE OF DEATH death, 24 haurs after death and USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission) uneral PLACE OF DEATH o. COUNTY b. COUNTY o. STATE . ^01 MARYLAND b. CITY OR TOWN (If outside corporate limits, c LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) write RURAL and give neorest tawn) ural, Pylesvi d NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street oddress) d. STREET ADDRESS ON A FARM? YES S NO NAME OF First Middle Lost 4. DATE Month Doy Year campletely DECEASED OF 19 (Type or print) DEATH IF UNDER 24 HRS DATE OF BIRTH AGE (In veors IF UNDER 1 YEAR S SEX 6 COLOR OR RACE 7. MARRIED NEVER MARRIED remave Jost birthdoy! /17/1898 thi te and in any WIDOWED DIVORCED gud 12. CITIZEN OF WHAT 100 USUAL OCCUPAT ON (Give kind of work done 10b KIND OF BUSINESS OR 11. BIRTHPLACE (County & State or foreign country) requires that the death certificate be during most of working life, even if retired) INDUSTRY COUNTRY ? pleose mariora Co., sui. Farm Cun 14. MOTHER'S MAIDEN NAME 13 FATHER'S NAME ar remaval, Lousetta Jenlins Lanklin Lowe 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (If yes give wor or dates of service) burial-transit pem burial, crematian, INTERVAL BETWEEN 18. CAUSE OF DEATH (Enter only one couse per line for (o ONSET AND DEATH PART I DEATH WAS CAUSED BY. IMMEDIATE CAUSE (o) signed by DUE TO Conditions, if any, which gove rise to immediate cause (a), DUE TO stating the underlying couse ‡ WAS AUTOPS' PERFORMED? PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBLTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(c) of Health NO O FUNERAL DIRECTOR: After this certificate by the haspital ar b 20b. DESCRIBE HOW INJURY OCCURRED, (Enter noture of injury in Port I or Port II of Item 18.) 20o. ACCIDENT WAS UNDERLYING [ OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, (City or town) (County) (Stote) 20c. TIME OF INJURY Month, Day, Year foctory, street, office bldg., etc.) Not While at work 21. I certify that (1) (this haspital) attended the deceased from . 19 4 that (I) (we) last Page 4 may be retained director, page 3 shauld shauld be filed with the Adand that death occurred at \_\_\_\_ M, fram causes and an the date stated above. saw the deceased olive on BIGNATURE 220 M.D. DIRECTOR PHYS PHYS. 22d. ADDRESS 22c. PHYSICIAN NAME (TVO 23o BURIAL CREMATION. 23b. DATE THEREOF 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (City or Town) (County) (Stote) REMOVAL (Specify) 60. 2So. REC'D BY REGISTRAR 2Sb. REGISTRAR'S SIGNATURE **ADDRESS** VR A15 (4) 20 M 1/66



DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 MEDICAL EXAMINER'S CERTIFICATE OF DEATH FOR STATE HEALTH-DEPT Middle lost 20. DATE KNOWN 2h HOUR 1. DECEASED-NAME Year (Type or Prent) ESTI-TEROV 3 40 DEATH MATERIAL SEALS IF LINDER 1 YEAR IF JINDER 24 HRS 2d HOUR 4. RACE S. DATE OF BIRTH 6. AGE ( p years 2c DATE PRONOUNCED DEAD 3 SEX and Year Jen. 24, 1929 Jite 9. COUNTY OF DEATH Zo BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? MARRIED-TINEVER MARRIED WIDOWED [ DIVORCED [ Innford Carrell a act 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital 12a USUAL OCCUPATION (Kind of work done 126. KiND OF BUSINESS OR 10. CITY OR TOWN OF DEATH during most of working life, even if retired.) Chemical & Biol. Engr INDUSTRY give street oddress) Edgewood US-Boyt 4 should be forwarded to the Chief Medical Examiner's Office olong 13a USUAL RESIDENCE (Where deceased lived, if institution: Residence before 13c. CITY OR TOWN 13d. INSIDE CITY LIMITS? 13e. STREET AND NUMBER ond 2 with 13b COUNTY admission) STATE Forn Corre YES DO NO | Perry te 'ood in Item 1 ofter 15 MOTHER'S MAIDEN NAME Mrdd1e Last Last 14. FATHER S NAME First Tust 2005 Hoore hours poges 160. WAS DECEASED EVER IN U.S. ARMED FORCES? TAB. SOCIAL SECURITY NO. 17. INFORMANT ADDRESS pencil This certificate should be executed within (Yes, no, or unknown) \_(1 ves give way or dates of service) unio L. Lanos, 1310 Porry Ava. . ...I-Korean E within 18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), and (c).) BETWEEN ONSET AND DEATH permit. PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (6) Runtured Larinx event DUE TO, OR AS A CONSEQUENCE OF buriol-tronsit Conditions, if any, which gave rise to immediate cause (a). duy DUE TO, OR AS A CONSEQUENCE OF stating the underlying couse = PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) or removal, FICATION 195 CONDITION FOR WHICH OPERATION 20 AUTOPSY? 19a. DATE OF OPERATION WAS PERFORMED? YES 🗀 NOTE: certificate, 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18) 21a EXTERNAL CAUSE WAS 21b. TIME OF INJURY Month, Day, Year 3 should PRIMARY [ ] OR CONTRIBUTING HOJR A.M. Motorcycle accident cremotion, Mq ( CAUSE OF DEATH 21f LOCATION Street or R F.D. No. City or Town State 21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, County AT WORK AT WORK \_foctory, office building, etc.) orfor! bootre E N. awood III Inspection IRE Inquiry Et 220. I certify that I took charge of the remains described above, held on Autopsy ... and in my opinion Homicide [ Undetermined monner Notural couses . Accident Suicide . deoth resulted from: CHIEF MEDICAL EXAMINER 226. DATE SIGNED ASSISTANT MEDICAL EXAMINER SIGNATURE Sept. 3 DEPUTY MED CAL EXAMINER 201 **EXAMINER'S** lalmer. ... D. ADDRESS(Street, city, town, or county) NAME (Type) 23d LOCATION (City or Town)
Balti ore 23c NAME OF CEMETERY OR CREMATORY (County) (State) 230. BURIAL CREMATION, 23b DATE REMOVAL (Specify) Raltimore Cation - 1. 101 25b REGISTRAR'S SIGNATURE 250 TREE D. BYCREGISTRAR 24 FUNERAL DIRECTOR 1968 VR A15ME (5) journed Me lecon as Anin don. .. 3on. 10M REV 1768

MARYLAND STATE DEPARTMENT OF HEALTH

**		12593 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		I+om#2a, FilmGlyMEDICAL/EXAMINER'S CERTIFICATE OF DEATH	010
HEALTH DEPT.	1. D	Type or Print)	Day Year 2b. HOU
2000	,	DEATH MATED NOT	Known
PM3 Po	3 S	4. RACE S DATE OF BIRTH 4/28/19.35  6 AGE (n years if UNDER 1 YEAR IF UNDER 24 HPS 2c DATE PRONOUNCED DEAD MONTHS DAYS HOURS MIN Month And Day 2c	4 Year 1968 2d HOU
	7a caun	BIRTHPLACE (State or foreign 75 CITIZEN OF WHAT COUNTRY? B MARRIED NEVER MARRIED 9. COUNTY OF DEATH 177) Pa. USA WIDOWED DIVORCED 43-60-4	
after death  8. Give Pages I alang with fart with the State-death.	44	give street address) during mast of warking life, even if retired)	126 KIND OF BUSINESS OR INDUSTRY
hours after Item 18. Giv Office alang 1amd 2 with 1 after death.	13a a	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c. CITY OR TOWN 13d INSIDE CITY JUNE 13e STREET AND NUMBER dmissian) STATE PL VAN COUNTY 136	Il Road
4 hours 1 Item It 2 Office 1 land 2 after d		ATHER'S NAME First Middle LOST IS MOTHERS MADEN NAME First Middle LESTER V. MARTIN ROSE	rullen
ithin 24 hours after death encil in Item 18. Give Pages 1, aminer's Office along with form e pages I and 2 with the State—Be 2 hours after death.		WAS DECEASED EVER IN U.S. ARMED FORCES?  [65, na, or unknawn] (1) yes give war ar dates at service) 16b. SOCIAL SECURITY NO 17. INFORMANT ADDRESS 1. ATHRYN MART, A Pho-	Pukville, Pa
vard "penying in he chief Medical xan all line and in the chief Medical xan all transit permit. File		18. CAUSE OF DEATH (Enter anly ane cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY:	APPROX MATE INTERVAL BETWEEN ONSET AND DEATH
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INER: This certificate shauld be executed with shauld be executed in shauld be farwarded to the Chief Medical Examples.  3 shauld be used as a burial-transit permit. File ration, at meavel, and in any event within 72.		nse ta immediate cause (a), stating the underlying cause last. (b)  DUE TO, OR AS A CONSEQUENCE OF	
This certificate shauld cate, writing the ward be farwarded to the CI be used as a burial-tr ir mmaval, and in any	>	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
is certifice, writh farwall farwall	TIFICATION	19a. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED?	20 AUTOPSY?  YES NO
INER: This certificate ecertificate, writing the certificate, writing should be forwarder files.  3 should be used as nation, ar memoral, exiting the certification of the certif	MEDICAL CERTIFICATION	210 EXTERNAL CAUSE WAS PR MARY OR CONTRIBUTING   HOUR A M. 9-2279 8 1-21/ Dut 65 363	n 18)
	ME	21d INJURY OCCURRED  21e PEACE OF TW. RY (At hame, farm, street ' 21f LOCATION Street at R.F.D. No. Cty at Tawn  WHILE AT WORK AT WORD	County State Ma
ICAL EXA execute for. Page ad for you CTOR: Pag billing		22a. I certify that I took charge af the remains described above, held an Autopsy , Inspection , Inquiry ,	and in my opinio
PICA e e e tror. red i ed i		death resulted fram Natural causes 🔲 , Accident 🐼 ; Suicide 🔲 , Hamicide 🔲 , Undetermined mainer [	
directoring dark		ACTUAL SIGNATURE LEVAMINER CHIEF MEDICAL EXAMINER COLOR 226 DATE SI	IGNED
To DEPUTY DICAL EXAM necessary, please execute the funeral director. Page 4 5 may be retained for your To FUNERAL DIRECTOR: Page Health prior to berrial, crem	L	EXAMINER'S G-e 1210 CPalmer MP DEPJTY MEDICAL EXAMINER A 9  ADDRESS (Street, city, tawn, ar caunty)	24-68
To T		removal 9/24/1968 West Love Hill cem , BAIZ- Cynwyd	(Caunty) (State)
YR A15ME (5)	24	renning for the Have de See Date SEP 27 1968 gellon	Car Judge

MARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH 12993 DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 CERTIFICATE OF DEATH Middle Lost 20. DATE OF DEATH 1. DECEASED-NAME First Yeor /91 Month 17Doy (Type or print) lost buthdow YR 4. RACE IF UNDER 1 YEAR 3. SEX after HOURS YRS. requires that the death certificate be executed within 24 haurs 7a. BIRTHPLACE (State or foreign 7b. CIT ZEN OF WHAT COUNTRY? 9 COUNTY OF DEAT 8. MARRIED MEVER MARRIED DIVORCED BY WIDOWED [ filled 11 NAME OF HOSPITAL OR INSTITUTION (If not in hospital FOF DEATH 120 12b. KIND OF BUSINESS OR pou Morse 13e. STREET AND NUMBER ET 30. USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN Day event and comple 13b COUNTY Kural Road orse Middle Middle 15. MOTHER'S MAIDEA NAME First First burial, cremation, ar removol, and in 17 INFORMANT Abdress Yes, no, or unkgown) moral -14-8938 18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY.
IMMEDIATE CAUSE (o) DUE TO, OR AS A CONSEQUENCE OF Conditions, if ony, which gave t burial-tronsit rise to immediate couse (a), DUE TO, OR AS A CONSEQUENCE OF Page 4 may be retained by the hospital or attending physician. stoting the underlying couse signed t PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) this certificate has been 3 should be detached for use as the with the State Dept. of Health prior to 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING 190. DATE OF OPERATION 196, CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? CAUSES OF DEATH? YES 🔲 NO P 210 ACCIDENT WAS UNDERLYING 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 18.) 21b. TIME OF INJURY OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. Month Day P.M (If either, notify medical examiner) 210. PLACE OF INJURY 1 AT HOME, FARM, STREET FACTORY. 21f. LOCATION Street or R.F.D. No. Stote 21d. INJURY OCCURRED City or Town County OFFICE BUILDING, ETC. While Not while to work 220. I certify that (I) (this hospital) ottended the deceased from 1962, ta 1962, ta 1968, that (I) (we) last saw the sate of an 1968, and that in (my) (aur) apinion death accurred an the date and hour and from the causes stated abave, (I) (we) (did) (did not) view the bady ofter death. O FUNERAL DIRECTOR: 22b. SIGNATURE ATTENDING director, page should be filed 228\_ADDRESS 22d. PHYSICIAN 23d. LOCATION (City or Town) 23b DATE 23c, NAME OF CEMETERY OR CREMATORY (Stote) 230 BURIAL, CREMATION, (County) REMOVAL (Specify) 9/1968 wn Harford
25b. REGISTRAR'S SIGNATURE William Watters Cooptown 2So. REC D BY REGISTRAR 24. FUNERAL DIRECTOR Jarrettsville, Md. DATE SEP 18 1968 Charles E. Kurtz 30M REV 1768 21084

Entire Ment 3/1/18 60 . . 71 mu.

MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13012 CERTIFICATE OF DEATH Middle 2g. DATE OF DEATH DECEASED-NAME Last 2b HOUR de⊪th after deoth puo (Type or print) AllACE 3. SEX 4. RACE 6. AGE (In years TE UNDER I YEAR last birthaav) DAYS MONTHS 7a BIRTHPLACE (State or foreign 7b CITIZEN OF WHAT COUNTRY? 9. COUNTY OF DEATH 8. MARRIED NEVER MARRIED remove carbon popers. country) DIVORCED [ WIDOWED executed within 24 completely filled burial, cremation, or removal, and in any event, within 10 CITY OR TOWN OF DEATH 11 NAME OF HOSPITAL OR INSTITUTION (If not in baspital 12a USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS, OR during most of working life, even if retired ) 13a USUAL RESIDENCE (Where deceased lived, if institut an Residence before 13e. STREET AND NUMBER 3d INSIDE CITY LIMITS? admission) STATE 13b. COUNTY YES 🗔 NO 14. FATHER'S NAME 15. MOTHER'S MAIDEN NAME First Middle Middle Last attending physician v SPN 16b. SOCIAL SECURITY NO 17. INFORMAN 16g. WAS DECEASED EVER IN U.S. ARMED FORCES? Address Yes, na, o unknown) requires that the death cert APPROXIMATE INTERVA 18 CAUSE OF DEATH (Enter only one cause per tine for (a), (b), and (c)) BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) DUE TO, OK AS A CONSEQUENCE OF signed by the buriof-transit p Conditions, if any, which gave ) rise to immediate cause (a), OUE TO, OR AS A CONSEQUENCE OF stating the underlying cause PART-2 OTHER SIGNIFICANT LEGIDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(4) os the prior to t hos been 9a DATE OF OPERATION 196. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATHS YES [ for use director, page 3 should be detoched for use should be filed with the State Dept. of Health O FUNERAL DIRECTOR: After this certificate 21a. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.) OR CONTRIBUTING LANGE OF DEATH HOUR A.M. Month Day (If either, natify medical examiner) P.M (AT HOME, FARM STREET FACTORY,) 21f. LOCATION STREET OF R.F.D. No. 21d. INJURY OCCURRED 21e. PLACE OF INJURY City or Town County State While Nat while at wark at work 220. I certify that (I) (this hospital) ottended the deceased from-(and that in (my) (aur) apinion death occurred an the date and have and from the saw the deceased alive on causes stoted above, (1) (we) (did) (did nat) view the body offer death. 226 SIGNATURE 22c DATE SIGNED ATTENDING O CHEDEGREE DIRECTOR ZZd. PHYSIC ANS 22e. ADDRESS NAME (Type) LOCATION COMP TOWN 230 BURTAL, CREMATION (State)-25b. REGISTRAR S SIGNATUR FUMERAL DIRECTOR VR A15 4 1968 30M REV



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	EASED NAME First		Middle Son.	D_dd on	C _ Zo. DATE K	rcti 🖵 C	Doy Yeor 26 HOUR
3 5EX	pe or Print) John 4. RACE	5 DATE OF BIRTH	6. AGE (in years		DEATH A	NATED _ Sept.	24 HOU
Mar		Jan. 12, 1909		MONTHS DAYS HOURS	Min Meeth	Doy Doy	Yeor 68
7o BIR	RTHP_ACE (Stote or foreign	76 CITIZEN OF WHAT COUNTR		RRIED NEVER MARRIED	9. COUNTY OF DEA	(H	
	Y) Maryland Y OR TOWN OF DEATH		SPITAL OR INSTITUTIO	OWED DIVORCED DIVORCED DivorceD	USUAL OCCUPATION (K		2b KIND OF BUSIN <b>437 O</b> R
0.0	vre de Grace	giver itreet addre			ng moral parataghie		Bulhbridge
	ISJA. RESIDENCE (Where deceos		ence before 13c (17)	OR TOWN 13d. INSIDE C	100	AND NUMBER	
	THER'S NAME First	Middle	Lost	ryville - YES X		Street Middle	Last
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	AS DECEASED EVER IN L S ARMED F s, pl/or unknown) (lives uve	ORCES? 166 SOCIA	L SECURITY NO	17 INFORMANT	Ø-11	ADDRESS	/ld/
_				Mrs. Emma B.	ratterson,	Otsego Sa	APPROXIMATE INTERVAL
	18. CAUSE OF DEATH (Enter onl PART I DEATH WAS CAUSED  AMERICAN	1 DV	(b), ond (c))	Dead 6	51120 1	50.	BETWEEN ONSET AND DEATH
	4109	DUE TO, OR AS A CONS					
	Conditions, if only, which gove ) rise to immediate couse (o),	(b)					
	stoting the underlying couse	DUE TO, OR AS A CONS	SEQUENCE OF				
P#	ART 2. OTHER SIGNIFICANT CONDI	(C)	TH BUT NOT RELATED	TO THE TERMINAL DISEASE C	OR CONDITION GIVEN IN P	ART 1(o)	,
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CERTIFICATION	9a. DATE OF OPERATION		ITION FOR WHICH OP PERFORMED?	EKATION			20. AUTOPSY?
2	210. EXTERNAL CAUSE WAS	216 TIME OF INJURY MO	nth, Day, Year	71c HOW INJURY OCCURRED	(Enter noture of injury is	Part 1 or Port 2, Item	The state of the s
ᆲᆫ	PRIMARY OR CONTRIBUTING CAUSE OF DEATH	P.M.	19				
	WHILE - NOT WHILE - for	PLACE OF INJURY (At nome, fo ctory, office building, etc.)	orm, street,	21f LOCATION Street or R F D	No City or	Town	County Stote
-	22g   sentify that I to	oak charge of the remail	ns described obey	e held an Autonsy	Inspection [	Inquiry (3)	and in my apinio
	death resulted fram:	Natural causes 🗷,	Accident,	Auditor.		rmined manner	
	ACTUAL Dan in.	1000	1		CAL EXAMINER		13 3 No. 1 8
	SIGNATURE	i e o acc	mo	III.	MEDICAL EXAMINER DICAL EXAMINER	22b DATE SI	ENED AND
	EXAMINER'S NAME (Type)	rold C	13/ma	- VI	reet, city, fown, or county	92	762
	DEMONA III	1 .	NAME OF CEMETER	_	23d. LOCATION (C	rty or Town) (C	County) (Stote)
24 FI	PUNIAL J Se	pt. 9, 1968 S	to Mark &	(emetery	Perryyi	25b REGISTRAP S	sil Md
Le	ee A. Patterson	n & Sen, Pers	uville 1	L. DATE	EL 1.1 1995	flant	as judge
LE	ee A. Pattersoi	n & Jen, Pern	yville, 1	DATE DATE	LI 21 /900		7

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and the second	1	MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE	1 3	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 1	3014
HEALTH DEPT.			Doy Yeor 26. HOUR
3 to 3 to Page		DEATH MATER A Y-	1 10110
ony deloy , 2, and 3 , PM3. Pa	3 2	EX 4 RACE 5 LATE OF BIRTH 6. AGE (19 years F UNDER 1 YEAR IF UNDER 24 HRS 2c DATE PRONOUNCED DEAD Months Days Hours Min Month C Day 2	Year 19 8 SM
Par Par		BIRTHPLACE (State or foreign 76 CITIZEN OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9. COUNTY OF DEATH	P
		The WIDOWED DIVORCED Harford	Md
This certificate should be executed within 24 hours ofter death cote, writing the world "pending" in penal in Item 18 Give Pages 1, be forwarded to the Chief Medical Examiner's Office along with Tarm is used as a burial-transit permit. He pages and 2 with the State of the remayal, and in any event within About ofter death.	10 A	a see give street oddsess) C. A.A. a guring frost of washing its even if retired)	126 KIND OF BUSINESS OR INDUSTRY
ter c Give ong v th th th.		SUAL RESIDENCE (Where deceased lived if institution Residence before 13c (11Y OR LOWN 13d MSIDE (ITY L MMF) 13e STREET AND NUMBER	House soya
rs ofter 18 Giv e olong 2 with deoth.	<u>_</u>	dmission) STATE N. J. 13b COUNTY M+ Cldit YES NO 1 6J-Step-SUA	
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nol in 24 angles see see see see see see see see see		WAS DECEASED EVER IN U.S. ARMED FORCES / 166. SOCIAL SECURITY NO 17. INFORMANT ADDRESS / 3.	Plusing
with:	()	(es, no, or unknown) (If yes give war or dates at service) 721. Squire Jinhard Montal	is new fersey
Fire of Fig.		1B. CAUSE OF DEATH (Enter only one couse per line for (o), (b), and (c).) PART I. DEATH WAS CAUSED BY	APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
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his ote, ote for the to	RTIFIC		YES NO NO
編	MEDICAL C	210 EXTERNAL CAUSE WAS PRIMARY OR CONTRIBUTING HOUR A M. P.M. 9-2/168 Auto Accident Auto Accident	m ts.)
EXAMINER: cute the certificate 4 should r your files. :Page 3 should I, cremation,	W.	21d INJURY OCCURRED 21e, PLACE OF INJURY (At home, farm, street. 21f LOCATION Street or R.F.D. No. City or Town	County State
EXAM ecute th Page 4 or your R: Page ot, crem	,	WHILE AT WORK	Heol Md
ICAL EXAMIN s execute the for, Page 4 sh ed for your fill CTOR: Page 3s buriol, cremot		22a. I certify that I took charge of the remains described obove, held an Autopsy , Inspection laquiry	ond in my opinion
pleose exe pleose exe I director. P retoined fo L DIRECTOR		death resulted fram: Natural causes . Accident . Suicide . Hamicide . Undetermined manner .	24:55 N
- O		SIGNATURE SOUND CONTROL 226. DATES	SIGNED
O DEPUT necessary the funer 5 may be 0 FUNER Heolth p		EXAMINER'S CONTRACTOR OF THE DEPUTY MEDICAL EXAMINER DEPUTY DEPUTY MEDICAL EXAMINER DEPUTY DEP	22-68
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VR A15ME (5)	24.	FUNERA DIRECTOR The Block Have de Glace, Marie SFP 2 4 1968 PClus	SIGNATURE 0
10M REV. 1/68	1	Eliner Effective Have de Grate, Med DATE SEP 2 4 1968 Polis	well freder

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5		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
• •		CERTIFICATE OF DEATH 13015
xecuted within 24 hours after death.  I campletely filled a to the foneral maye carbon papers. Bages I and 2 ny event, within 72 haurs after death.	3 58	male white 9/7/1903 lost birthday) MORTHS DAYS HOURS MIN
n 24 hours after led any the footpers. Brides lin 72 hours after	COU	BIRTHPLACE (Stote or foreign 7b. CITIZEN OF WHAT COUNTRY? B. MARRIED NEVER MARRIED 9. COUNTY OF DEATH WIDOWED DIVORCED Md.  ITY OR TOWN OF DEATH 1 11 NAME OF CHOSPITALYOR INSTITUTION (If not in hospitol 120. USUAL OCCUPATION (Kind of work done) 12b Kind of Business or
d within letely fil arban p nt, withi	130	USUAL RESIDENCE (Where deceased lives, it institution, Residence before 130 CUT OR JOWN 130 INSIGE CITY LIBERTY 130 STREET AND NUMBER
execute execute and camp	<u> </u>	ASSION) STATE ON 18th COUNTY The YEST NO 701 E. Gaul St.  FATHER'S NAME_ FIRST MIDDEN NAME FIRST MIDDE
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death certi		18 CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))  PART I. DEATH WAS CAUSED BY.  IMMEDIATE CAUSE (o)  DUE TO, OR AS A CONSEQUENCE OF  DUE TO, OR AS A CONSEQUENCE OF
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IG PHY:	*	21d. INJURY OCCURRED VALUE OF INJURY (AT HOME, FARM, STREET FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County Stote of work of work 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the deceased of 12a   Certify that (1) (this hospital) attended the 12a   Certify that (1) (this hos
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MAKILAND STATE DEPAREMENT OF HEALTH

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,	/			. MARYLAND STATE DEPARTMENT OF HEALTH
33/	1			MARYLAND STATE DEPARTMENT OF HEALTH  1300 - 1300 - 1201  CERTIFICATE OF DEATH
1				CERTIFICATE OF DEATH 13016
	± _2±			CEASED-NAME First Middle Lost 20. DATE OF DEATH 20. HOUR
	deoth and 2 deoth		(ı	YPE OF PRINT JOSEPHENE STANFORD PRICE 9 Month 30 Day 1968 M
	The state of the s		3 SE	X 4 RACE S. DATE OF BIRTH 6 AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	Mar.			FEMPLE WHITE 3/11/1883 85 YRS.
	P P P P		70, 1 cour	BIRTHPLACE (Stote or foreign   7b CITIZEN OF WHAT COUNTRY?   8. MARRIED   NEVER MARRIED   9 COUNTY OF DEATH
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		a <sup>pe</sup>		IT NAME OF HOSPITAL OR INSTITUTION (If not in hospital  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)  120. USUAL OCCUPATION (Kind of work done during most of working life, even if retired.)
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	be ex and and e rem			ATHER'S NAME First Middle Lost
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	E - 2 - 2			13: NO link. Clifferd Amith. Housele blice 11'11
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	he d off pen jon,			DUE TO, OR AS A CONSEQUENCE OF
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	low ndin bee s th		SE SE	190. DATE OF OPERATION   196. CONDITION FOR WHICH OPERATION WAS PERFORMED   200. AUTOPSY?   206 IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
	The atternation has be on the properties of the	X	CERTIFICATION	YES NO CAUSES OF DEATH?
	or or or r us			210 ACCIDENT WAS UNDERLYING 216, TIME OF INJURY 21c. HOW INJURY OCCURRED (Enter nature of injury in Port 1 or Port 2, Item 1B.)
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	OR ATTENDING PHYSICIAN: The low requires that the death center retained by the hospital or attending physician.  **IRECTOR:* After this certificate has been signed by the ottending be 3 should be detached for use as the buriot-transit permit. The ed with the State Dept. of Health prior to buriol, cremation, or remain		W	21d INJURY OCCURRED 21e. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f LOCATION Street or R.F.D. No. City or Town County State
	the third detries Detr		'	of work at work
	be Stol			22a. I certify that (I) (this haspital) attended the deceased from 1-25, 1964, ta 9-30, 1964, that (I) (we) last saw the deceased alive an 9-29, 1964, and that in (my) (aur) apinian death accurred an the date and haur and from the
	ned ned her			causes stated abave, (1) (we) (did) (did nat) view the bady after death.
	AT et oil short sh			22b. SIGNATURE  ATTENDING MED. STAFF 22c. DATE SIGNED
	OR be r		L	DEGREE PHYS DIRECTOR PHYS. L. 10-3-68
	TAL AL Dog	1	1	22d. PHYSTIAN'S NAME (Type)
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	Age FU		230	BURIA, CREMATION, 23b. DATE 23c. MAME OF CEMETERY OF SEEMATORY 23b (County) (Stote)
	= =	- 0	24	FLINERAL DIRECTOR 250. REC'D BY REGISTRAR 250. REG STRAR'S SIGNATURE
	VR A15 ( 30M REV	No. 7	5.	Limington Son John de King Make OCT 7 1968 Acharles Judge



	DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13005 CERTIFICATE OF DEATH 13017	
	13005 CERTIFICATE OF DEATH  DECEASED-NAME First Middle Dost 2a DATE OF DEATH  (Type or pnnt)	R
L	SEX   4 RACE   S. DATE OF BIRTH   6. AGE (In years 14 1968) 7	M
7a	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY? 8. MARPHED TO NEVER MARPHED TO 9 COUNTY OF DEATH	
<u>_</u>	1.C. USA WIDOWED DIVORCED HArford	Md.
H	avre de Grace grestret afares) Messagoria during most of working life, even if retired) INDUSTRY Home	
od	O. USUAL RESIDENCE (Where deceosed fived, if institution residence before list CITY OR TOWN 134 INSIDE CITY JUMIS? 136. STREET AND NUMBER 13b. SPIRET AND NUMBER 15b. SPIRET SPIRET SPI	
14	FATHER'S NAME First Middle Lost IS MOTHER'S MAIDEN NAME First Middle Lost Robert Crouse (D) Sara Libitaker (D)	_
16	a WAS DECEASED EVER IN U.S. ARMED FORCES? 1665 SOCIAL SECURITY NO. 17 INFORMANT Address	_
	Yes, no or unknown) (11 yes gree wor or dates of service) 220-50-2481 Walter L. Reeves, Darlington, Md. 21031	_
	The state of the s	
],	PART 2 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a)	
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MEDICALCE	or contributing cause of Death HOUR A.M. Month Doy Year (If either, notify medical examiner) P.M.	
N	While Not while of work at work	
	220 I certify that (!) (this haspital) attended the deceased from Sept 14, 1968, ta Sept 14, 1968, that (!) (we) saw the deceased alive an Sept 14 1968, and that in (my) (our) opinion deoth occurred on the date and hour and from courses started above, (!) (we) (did) (did nat) view the body after deoth.	ast the
	226 SIGNATURE  DEGREE ATTENDING DIRECTOR STAFF 2/5/6D  226. DATE/SIGNED  PHYS. STAFF 2/5/6D	
	122d PFYS (VAN S NAME) THE DE GRACE, MO	1
23	o BURIAL (REMATON, 23b DATE 23c NAME OF CEMETERY OR CREMATORY 23d .OCATION (City of Town) (County) (State) Burial 17 Sept. 68 Franklin Baptist Cemetery Darlington, Maryland	
24	ADDRESS 250 REC'D BY REGISTRAR 256 REGISTRAR 5 5 GNATURE	
T	arring Funeral Home Abardoon Md 27007 DEED 1 7 1968 Collarles Judge	

WAKITAND STATE DEPAKTMENT OF HEALTH



		1	DIVISION OF VI	ITAL RECORDS,	301 W. PRE	PARTMENT OF STON STREET, BA TE OF DEAT	ALTIMORE,	MARYLAND 2120	3018	
hin Amounts after death.		CEASED NAME Pris	ĠŗſĠűŢ	Middle	R	Last GRY		nt. Month 25	Day 7 Year	26 HOUR
	3. SI	X The state of the	4. RACE	170	S.	DATE OF BIRTH	5 % 24	6. AGE (In years	IF UNDER 1 YEA MONTHS DA	
}		BIRTHPLACE (State or foreign	7b. CITIZEN OF WHAT		WIDOWED [	NEVER MARRIED DIVORCED		TY OF DEATH		M
~		TITY OR TOWN OF DEATH	give stre	E OF HOSPITAL OR INS let address)				ATION (Kind of work do rking life, even if retire		OF BUSINESS OR
ei l	13a. adm	uSUAL RESIDENCE (Where decer issian) STATE 3	used lived if institution 1936. COUNTY	Residence befare	13c CITY OR TO	WN 13d INSIDE (	NO	3e STREET AND NUMBER		**
7	14.	ATHER SINAME First		iost		OTHER'S MAIDEN NAM	ME first proth	Middl ⊝a →-		lasi Hiller
¥	16a.	was deceased ever in u.s. Af les, no, or unknown) (If yes give	RMED FORCES? (war or dates of service)	12-07-244		rmant bricia	Jalli	Address S, Italia Liot	anteria i	
		18. CAUSE OF DEATH (Enter of PART I. DEATH WAS CAUS IMMED	enly one couse per line to BY:	for (a), (b), and (c).)	Cell	Carron	NOM	& Face	p-Physics	OXIMATE INTERVAL N ONSET AND DEATH
		Conditions, if any, which gave	DUE TO, OR AS I	A CONSEQUENCE OF		en tests				
		rise to immediate cause (a), stoting the underlying couse lost.		A CONSEQUENCE OF						
	_	PART 2. OTHER SIGNIFICANT CO		G TO DEATH BUT NO	T RELATED TO TH	E TERMINAL DISEASE	OR CONDITION	GIVEN IN PART 1(a)		
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	MEDICAL CER	210 ACCIDENT WAS UNDERLY OR CONTRIBUTING CAUSE OF DE	ATH HOUR A.M.	DURY Month Doy Year 19	21c. HOW	INJURY OCCURRED (	Enter nature a	f injury in Part 1 ar Par	t 2, Item 18.)	
	WEI		PLACE OF INJURY (AT		ORY.) 21f. LOCAT	ION Street or R.F.D	. Na.	City or Town	County	State
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		226. SIGNATURE	Palme	n m.	DEGREE	ATTENDING PHYS.	MED. DIRECTOR		22c. DATE SIGNED წოლს 23	7 /
1		22d PHYSICAN'S NAME (Type) (+070)	and C. Palm	ar, ".1).		22e ADDRESS				
	230.	DEMONIAL (Co SE.)	DATE	23t. NAME OF C	EMETERY OR CRI			CATION (City or Town)	(County)	(State)
H	24	FUNERAL DIRECTOR	300.	ADDRESS	1.	ZSo. REC	D BY REGISTE	RAR 2Sb. REGISTR	Canala O	

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				MARYLAND STATE DEPARTMENT OF HEALTH
	1			DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
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	be n al			WILLIAM BAILEY EMMA BROWN
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	E E			18. CAUSE OF DEATH (Enter only one cause per line for (o), (b), and (c))
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	the the set and the			Conditions, if any, which gave is to minediate cause (a). (b) Author Course to minediate cause (a).
	OR ATTENDING PHYSICIAN: The law requires that the death be retained by the haspital ar attending physician.  SIRECTOR: After this certificate has been signed by the attending a 3 shauld be detached for use as the bund-transit permit ed with the State Dept at Health priar ta burial, cremation, or re			storing the underlying couse DUE TO, OR AS A CONSTQUENCE OF Caracovascula, Disease & Jeans.
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	he otte	-7	IFIC.	YES NO TX CAUSES OF DEATH?
	ar a		8	210. ACCIDENT WAS UNDERLYING 216 TIME OF INJURY 216 HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Port 2, Item 18.)
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	S PHYSIC the haspil this certification detached e Dept af		WED	21d INITIRY OCCURRED 21e PLACE OF INITIRY / AT HOME, FARM, STREET, FACTORY, 1 21f I OCATION Street or RED No. (1ty or Town County State
	this the Period	]		of work
	ING Dy t frer frer se o			22a I certify that (I) (this haspital) attended the deceased from 9/19, 1968, to 9/26, 1968, that (I) (we) last saw the deceased alive on 1968, and that in (my) (aur) opinion death occurred an the date and hour and from the
	ed in			saw the deceased alive on
	that the state of			22b SIGNATURE 22c DATE SIGNED
	REC 3 s d			tuged to compegnee ATTENDING MED DIRECTOR D STAFF PHYS D 9/25/68.
	y by	_<		22d. PHYSICIAN S 22e. ADDRESS / 22e. ADDRESS /
	TO HOSPITAL OR ATTENDING PHYSICIAN: The law requires that the d Page 4 may be retained by the haspital ar attending physician.  TO FUNERAL DIRECTOR: After this certificate has been signed by the attedrector, page 3 should be detached for use as the burial-transit per should be filed with the State Dept at Health priar to burial, cremation,	3		NAME (Type) Edward C. Loo, M.D. Havre de Grace, Md.
	HO HO Lect		230	BURIAL CREMATION 236 DATE 23c NAME OF CEMETERY OR CREMATORY 23d LOCATION (CITY of Town) (County) (Store)
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	30M KEV 1	1000	(	DATE DEL OU DOU X



<i>y</i> 1		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201
		13008 CERTIFICATE OF DEATH 13020
or death. funeral i and 2 er death.		ECEASED-NAME GIRL VERMON Saunders 20 DATE OF DEATH Month Doy Year 35 M
to a set	3. 51	Male While Int. 3, 1. last birthday) YRS. MONTHS DAYS HOURS MIN
executed within 24-mosts and completely filled mosts. Begans any event, within 72 haurs	coul	BIRTHPLACE (State or foreign 7b. CITIZEN OF WHAT COUNTRY?   B. MARRIED NEVER MARRIED   9. COUNTY OF DEATH VITY)   9. COUNTY OF DEATH VITY)   9. COUNTY OF DEATH VITY)   9. COUNTY OF DEATH VITY OF DEA
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	L	FATHER'S NAME First Middle Sounders. Is. MOTHER'S MAIDEN NAME First Middle Lost
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he death certifies attending phypermit. Then lian, or remava		18. CAUSE OF DEATH (Enter only one couse per line for (a), (b), diad (c))  PART I DEATH WAS CAUSED BY  IMMEDIATE CAUSE (b)  Culticular  Televillation  According to the form of the form o
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equires that th physician. signed by the burial-transit p		stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF Stating the underlying cause DUE TO, OR AS A CONSEQUENCE OF STATING TO THE VERNINAL DISEASE OR CONSTITUTION CONTROL IN PART (A)
www.requipplies by the post the post significant th	NO.	PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(o)  190 DATE OF OPERATION 196 CONDITION FOR WHICH OPERATION WAS PERFORMED 200 AUTOPSY? 206. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING
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SICIAN ispital c ertificat ned far t. af He	MEDICAL	OR CONTR BUTING ASSET OF DEATH HOUR A.M. Month Day Yeor (If either, notify medical examiner) P.M. 19
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TENDING ined by the OR: After 1 ould be d		220. I certify that (I) (this hospital) attended the deceased from
OR AT be reto DIRECT as she with led with		226. SIGNATURE  ATTENDING MED. STAFF   22c. DATE SIGNED   1/68
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D HC Sage Shau	230	BURIAL, CREMATION, 23b. DATE 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City & Town) (County) (Stole)
Bo	24	FUNERAL DIRECTOR  ADDRESS  250. REC'D BY REGISTRAR 25b REGISTRAR 3 SIGNATURE
VR A15 [4] 30M REV 1/68		DATE CEP 16 1968 Aller Judge

MAKILANU STATE DEPAKIMENT OF HEALTH



. 1		MARYLAND STATE DEPARTMENT OF HEALTH	
		DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	13021
FOR STATE		13009 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	TOOKT
HEALTH DEPT.		First Middle Lost 20 DATE KNOWN Month Type or Print)	Doy Yeor 2b. HOUR
ay is 3 to Page ent of	L.,	DEATH MATED 7	-2/168
delay ind 3 i3 Pag ment	3. S		2d Hour
2, and PM3 P		M - May 28, 1872 96 YRS 3 49 Sept 9	2 Year 19 805
		BIRTHPLACE (Stole or foreign 76 CITIZER OF WHAT COUNTRY? 8 MARRIED NEVER MARRIED 9 COUNTY OF DEATH	1-
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FOR STATE HEALTH DEPT.	} D	T 3.0 1 * MEDICAL EXAMINER'S CERTIFICATE OF DEATH  ECEASED-NAME  Modelle  Modelle  Lost  A DATE KNOWN Modelle  Modelle	3023
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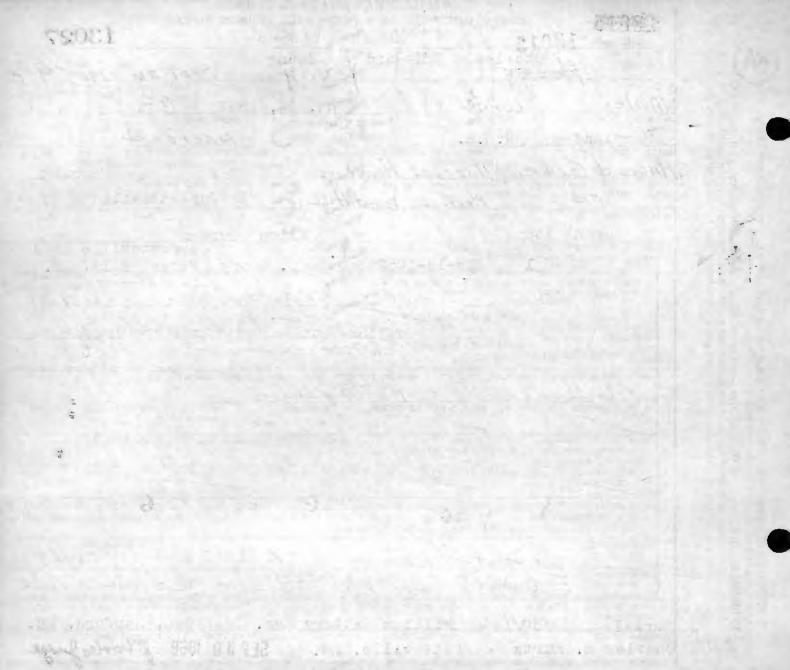
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任 무 의 기	210 EXTERNA, CAUSE WAS 21b TIME OF INJURY Month Day, Year 21t HOW INJURY OCCURRED (Enter nature of injury in Part 1 or Part 2, Item 18.)  PRIMARY OR CONTRIBUTING 1	
<b>▼</b> *** ± £ € ₽	PRIMARY OR CONTRIBUTING HOUR AM. 1-17 19 8 5/6T 5 15  AUSE OF DEATH  21d INJURY OCCURRED 21e PLACE OF INJURY (At home, farm, street, 21f LOCATION Street or RFD No City or Town 1 Sounty	Stot
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1-1-1		MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201	
FOR STATE		MEDICAL EXAMINER'S CERTIFICATE OF DEATH 130:	26
HEALTH DEPT.		DECEASED NAME First Middle Type or Print)  A 3 3 4 C 5 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7 C 7	Day Year 26. HOUR
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_5 ``	7a <b>c</b> our	BIRTHPLACE (Stote or foreign 76 CITIZEN OF WHAT COUNTRY? 8. MARRIED NEVER MARRIED 9 COUNTY OF DEATH ' WIDOWED DIVORCED Harford	Mđ.
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hours after de Item 18. Give Office along y I and 2 with the	13 <sub>0</sub>	USUAL RESIDENCE (Where deceased lived, if institution Residence before 13c CITY OR TOWN 13d INSIDE CITY LIM 157 13e STREET AND NUMBER dmission) STATE NO. 13b COUNTY HARFORD DARLINGTON YES NO. 12 P.D. # 1 Back	115
I hours of them 18. Office all lond 2 w after dec	14 F	ATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle	Last
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MARYLAND STATE DEPARTMENT OF HEALTH DIVISION OF VITAL RECORDS, 301 W. PRESTON STREET, BALTIMORE, MARYLAND 21201 13028 CERTIFICATE OF DEATH Middle 1. DECEASED-NAME First 2g. DATE OF DEATH 2b. HOUR death. Pages I and 2 nours after death. pup funeral (Type or print) Month JULIAN ZIEHNERT 1230PM 6. AGE (In years last birthday) 4 RACE S. DATE OF BIRTH IF UNDER 1 YEAR 24 haurs after 3. SEX MONTHS CAU DAYS MAY 190 YRS 7a. 81RTHPLACE (State or foreign 9. COUNTY OF DEATH 7b. CITIZEN OF WHAT COUNTRY? 8. MARRIED T NEVER MARRIED WIDOWED' DIVORCED [ Har IN CITY OR TOWN OF DEATH 11. NAME OF HOSPITAL OR INSTITUTION (If not in haspital 12a. USUAL OCCUPATION (Kind of work done 12b. KIND OF BUSINESS OR give street address INDUSTRY lease remave carban and in any event, wit 125 13a. USUAL RESIDENCE (Where deceased lived, if institution; Residence before 13c CITY OR TOWN 13d INSIDE CITY LIMITS? 13e. STREET AND NUMBER requires that the death certificate be executed 13b. COUNTY YES X BELAIR 14. FATHER'S NAME First Middle Last 15. MOTHER'S MAIDEN NAME First Middle and Margar physician 160. WAS DECEASED EVER IN U.S. ARMED FORCES? 6b. SOCIAL SECURITY NO 17. INFORMANT Address (If yes give wer or dates of service)
Mar - Nev Al Yes, no or unknown) APG. burial, crematian, ar remaval, 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) BETWEEN DISET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CARCINO WA A TOSI DUE TO, OR AS A CONSEQUENCE OF Canditions, if any, which gave ) signed by the burial-transit p & Carcinoma rise to immediate cause (a), DUE TO, OR AS A CONSEQUENCE OF stating the underlying causes PART 2. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE OR CONDITION GIVEN IN PART 1(a) be retained by the haspital ar attending director, page 3 should be detached for use as the should be filed with the State Dept. of Health prior to has been 19g. DATE OF OPERATION 19b. CONDITION FOR WHICH OPERATION WAS PERFORMED 20a. AUTOPSY? 20b. IF YES, WERE FINDINGS CONSIDERED IN CERTIFYING CAUSES OF DEATH? O FUNERAL DIRECTOR: After this certificate 21b. TIME OF INJURY (Enter nature of injury in Part 1 or Part 2, Item 18.) Manth Day Year OR CONTRIBUTING CAUSE OF DEATH HOUR A.M. P.M. (If either, natify medical examiner) 216. PLACE OF INJURY (AT HOME, FARM, STREET, FACTORY.) 21f. LOCATION Street or R.F.D. No. State City or Town County While Nat while at wark 22a. I certify that (I) (this haspital) attended the deceased from 7003 saw the deceased alive an 38500 \_\_1968, and that in <del>(my)</del> (our) opinian death accurred on the date and havr and fram the couses stated above, (4) (we) (did not) view the bady ofter death. 22c. DATE SIGNED **ATTENDING** PHYS. DEGREE PHYS. 22d. PHYSICIAN'S 22e. ADDRESS NAME (Type) 23b. DATE 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City or Town) BURIAL CREMATION. REMOVAL (Specify) (Harford) Bel Air Memorial Gardens Bel Air 2 Oct. 1968 24. FUNERAL DIRECTOR 25g. REC'D 8Y REGISTRAR 2Sb. REGISTRAR'S SIGNATURE 1968 DATECICT 30M REV. Tarring Funeral Home, Aberdeen, Md. 21001

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